

2365-104  
TEM

#12  
W. Lawson  
12/27/00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of )  
Christopher Peter TOWNSEND et al. )  
Serial No. 09/091,510 )  
Filed: 17 December 1998 )  
For: TELEVISION RECEIVER FOR )  
PROVIDING INTERACTIVE )  
SERVICES )

Group Art Unit: 2711

Examiner: Reuben M. Brown



REQUEST FOR EXTENSION OF TIME

Assistant Commissioner for Patents  
Washington, D.C. 20231

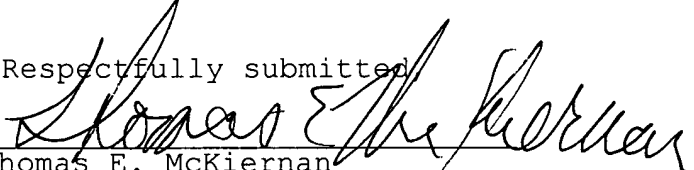
Dear Sir:

Under the provisions of § 1.136(a), applicants petition the Commissioner of Patents and Trademarks to extend the time for response to the Interview Summary with the Office Action attached dated August 31, 2000 for one month from November 30, 2000 to December 31, 2000. Enclosed is a check for \$110.00 to cover the cost of the extension.

Also, if any additional payment is required, please charge the cost thereof to Deposit Account No. 02-2135. An extra copy of this letter is attached.

Respectfully submitted,

By

  
Thomas E. McKiernan  
Reg. No. 37,889  
Attorney for Applicants  
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12/19/2000 CVORACHA 00000054 09091510

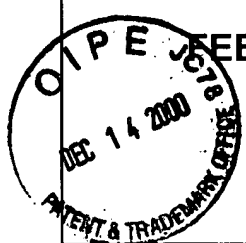
01 FC:115

110.00 DP

Dated: December 14, 2000

104A.EOT

GAU 2711  
2611 \$



<b>FREE TRANSMITTAL</b> <b>for FY 2001</b> <b>(Large Entity)</b>		Complete if Known	
		Application Number	09/091,510
		Filing Date	December 17, 1998
		First Named Inventor	Christopher P. TOWNSEND et al.
		Examiner Name	Reuben M. Brown
		Group Art Unit	2711
Total Amount of Payment	(\$110)	Attorney Docket Number	2365-104

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge additional fees and credit any overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- ☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status
2. ☒ Payment Enclosed
- ☒ Check
- ☐ Credit Card

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Fee Code	Fee Paid	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	[ ]
127	50	Surcharge - late provisional filing fee or cover sheet	[ ]
139	130	Non-English specification	[ ]
147	2,520	For filing a request for reexamination	[ ]
112	920	Requesting publication of SIR prior to Examiner action	[ ]
113	1,840*	Requesting publication of SIR after Examiner action	[ ]
115	110	Extension for reply within first month	[ 110 ]
116	390	Extension for reply within second month	[ ]
117	890	Extension for reply within third month	[ ]
118	1,390	Extension for reply within fourth month	[ ]
128	1,890	Extension for reply within fifth month	[ ]
119	310	Notice of Appeal	[ ]
120	310	Filing a brief in support of an appeal	[ ]
121	270	Request for Oral Hearing	[ ]
138	1,510	Petition to institute a public use proceeding	[ ]
140	110	Petition to revive -unavoidable	[ ]
141	1,240	Petition to revive - unintentional	[ ]
142	1,240	Utility issue fee (or reissue)	[ ]
143	440	Design issue fee	[ ]
144	600	Plant issue fee	[ ]
122	130	Petitions to the Commissioner	[ ]
123	50	Processing fee under 37 CFR 1.17(q)	[ ]
126	180	Submission of Information Disclosure Statement	[ ]
581	40	Recording each patent assignment per property (times number of properties)	[ ]
146	710	Filing a submission after final rejection (37 CFR .129(a))	[ ]
149	710	For each additional invention to be examined (37 CFR 1.129(b))	[ ]
179	710	Request for Continued Examination (RCE)	[ ]
169	900	Request for expedited examination of a design application	[ ]
195	300	Publication fee for early, voluntary, or normal publication	[ ]
196	300	Publication fee for republication	[ ]
089	200	Filing application for patent term adjustment	[ ]
090	200	Request for reinstatement of term reduced	[ ]
Other fee (specify)			[ ]

**FEE CALCULATION**

**1. FILING FEE**

Fee Code	Fee \$	Fee Description	Fee Paid
101	710	Utility filing fee	[ ]
106	320	Design Filing Fee	[ ]
107	490	Plant Filing Fee	[ ]
108	710	Reissue Filing Fee	[ ]
114	150	Provisional Filing Fee	[ ]

**SUBTOTAL \$**

**2. CLAIMS**

Total Claims	Extra Claims	Fee	Fee Paid
[ ] - 20** = [ ] x		\$18 = [ ]	
Independent Claims [ ] - 3** = [ ] x		80 = [ ]	
Multiple Dependent Claims +		270 = [ ]	

\*\*or number previously paid, if greater;

**SUBTOTAL \$**

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL \$110**

**RECEIVED**  
**DEC 21 2000**  
**Technology Center 2600**

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Vincent M. DeLuca, Reg. No. 32,408		
SIGNATURE	Vincent M DeLuca	DATE	12/14/00
		DEPOSIT ACCOUNT USER ID	